

Page 1 of 1 Pages

CLAIMANT'S NAME		SSAN OR EMPLOYEE NUMBER*		Page <u>1</u> of <u>1</u> Pages	
William S. Haraf				DEPARTMENT	
POSITION		CB/ID NUMBER		Financial Institutions	
Commissioner		DIVISION OR BUREAU		INDEX NUMBER	
RESIDENCE ADDRESS*		Executive Division			
		HEADQUARTERS ADDRESS		TELEPHONE NUMBER	
		45 Fremont Street, Suite 1700		(415) 263-8507	
CITY		STATE		ZIP CODE	
CA		CA		94105	
(1) MONTH/YEAR (3)		(4) (1/5)			

(1) MONTH/YEAR		(3)	(4)	(5)	MEALS			(6)	(7)	TRANSPORTATION				(8)	(9)
Aug 09		LOCATION	LODGING	BREAK-FAST	LUNCH	O.T., L.T., N/C, RELO. OR DINNER	INCIDENTALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME	WHERE EXPENSES WERE INCURRED									MILES	AMOUNTS			
8/1		Transit Subsidy						65.00						65.00	
8/5	0500	Mill Valley to Los Angeles	176.84	6.00	10.00	18.00	6.00	28.00	RC - P/Toll	4.00 16.00	36	19.80	17.45	302.09	
8/6	1900	Los Angeles to Mill Valley		6.00	10.00	18.00		8.00	RC/ P	16.00	36	19.80		77.80	
8/10	1130	San Francisco (SFBA)											50.00	50.00	
8/19	0700	Mill Valley to Sacramento	134.57		10.00	18.00	6.00	17.00	RC/T	4.00				189.57	
8/20	1000	Sacramento to Mill Valley		6.00	10.00				RC				23.00*	39.00	
8/27		Mill Valley to Los Angeles and return						38.00	Toll/ Taxi	4.00 16.00	72	39.60		97.60	
			311.41	18.00	40.00	54.00	12.00	156.00		60.00		79.20	90.45	821.06	

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

821.06

<div> <div> (11) </div> <div> PURPOSE OF TRIP, REMARKS AND DETAILS <i>(Attach receipts/vouchers when required)</i> </div> </div>	

(12) NORMAL WORK HOURS

730 - 1800

(13) PRIVATE VEHICLE LICENSE No.

(14) MILEAGE RATE CLAIMED	
---------------------------	--

55

Agency Accounting Office

Use Only

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE _____

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

9/3/09

DATE _____

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on Reverse)